

FINANCIAL ASSESSMENT REFERRAL

1. Enter the following information on the child for whom Title IV-E / Medicaid benefits are being requested.

Name - Child	Birthdate - Child	Social Security Number - Child
Race - Child	Gender - Child <input type="checkbox"/> Male <input type="checkbox"/> Female	WiSACWIS Case Number
Date of Referral	Name - Worker	Telephone Number - Worker
Court Case Number	Date of Petition	Next Court Date
Date of Removal	Type of Order that Removed Child	Date of Placement
Was the removal: <input type="checkbox"/> Voluntary Placement Agreement <input type="checkbox"/> Court Ordered		VPA / Order Date
Child placed at: Address - Provider:		

Child removed from home of:

☐ Biological / adoptive mother ☐ Adjudicated / adopted father ☐ Both biological / adoptive mother and adjudicated / adoptive father
☐ Other Name of other: Relationship to child:

Complete the following information regardless of who the child was removed from:

Name - Biological / Adoptive Mother	Name - Adjudicated / Adoptive Father
Address - Biological / Adoptive Mother	Address - Adjudicated / Adoptive Father
Telephone Number - Biological / Adoptive Mother	Telephone Number - Adjudicated / Adoptive Father

2. Complete all the information for each person in the home from which the child was removed.

Name	Relationship to Child	SSN	Birthdate	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Complete all the income and assets information for each person in the home from which the child was removed.

Name	Income	Source of Income	Assets

4. Did the child reside with any relative during the six months prior to the month the petition was filed, other than those listed in number 2?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Relative	Relationship to Child

5. Deprivation

5a. ☐ Yes ☐ No Is the child deprived for any reason?

5b. Reason deprived:

5c. Is the child deprived of: ☐ Mother ☐ Father ☐ Both

6. ☐ Yes ☐ No In the month the petition was filed was the child receiving AFDC-MA or was the child removed from an AFDC-MA home?

Complete the following information on the parent(s) or step-parent if applicable, who resided in the home the child was removed from. If both biological parents were not residing in the home the child was removed from do not include both parents in this section.

Mother Information

Name - Mother / Step-Mother	Social Security Number	Birthdate
Address	Telephone Number	Race
Name - Employer	Work Address	Telephone Number - Work
Health Insurance		

Father Information

Name - Father / Step-Father	Social Security Number	Birthdate
Address	Telephone Number	Race
Name - Employer	Work Address	Telephone Number - Work
Health Insurance		

7.	Family Court:	Support number -	Paternity number -
8.	Comments		

SIGNATURES

SIGNATURE - Worker	Date Signed	SIGNATURE - Supervisor	Date Signed
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